

## Municipal Services Department MEMORIAL BENCH APPLICATION

Applicant's Name:		Phone:
Address:		
E-mail:		
Wording - Choose one		Est. Cost: \$1,700.00*
Dedicated to the Memory of		Date:
☐ In Honor and Memory of		Date:
☐ In Loving Memory of		Date:
☐ In Appreciation of		Date:
☐ In Celebration of		Date:
☐ In Memory of		Doto
Dedicated to		Date:
In Tribute to		Date:
Donated by		Deter
In Honor of		Deter
1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice: year and tear. This includes pray. Maintenance staff wi ent that your donated bench ark/open space. We will at	the style will be at the discretion of the Department):  , but is not limited to, sun exposure, irrigation  ll remove graffiti from benches and occasional dirt  a falls into disrepair, is damaged or is unsafe for public tempt to contact you to inform you of the situation and replacement bench.
Applicant's Signature:		Date:
		e ordered until full payment is received. Please allow up
	Office Use Only 10/1/2025	
Staff Review Completed by:	Date:	Payment Received: \$
		Form of Payment: